LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

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This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	5
	SEP
054 440505 640.50	ECE FSA ITY (
REY ALBERTO SALDANA	6 CEN
2 Office Held	AM SEA
	= X = 0
City Council District 4 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	30
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
SAN ANTONIO HUMANE Society	
4 Description of the nature and extent of employment or other business relationship with vendor named in item 3	
	- A
My Wife is A Board member of the SAHS	
List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).	
nom vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).	
Date Gift Accepted N/A Description of Gift N/A	
Date Gift Accepted N/A Description of Gift N/A	
Date Gift Accepted N/A Description of Gift N/A	
(attach additional forms as necessary)	
6 AFFIDAVIT	
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local	
Government Code) of this local government officer. I also acknowledge that this statement	
covers the 12-month period described by Section +76.003(a)(2)(B), Local Government Code.	
covers the 12-month period described by Section +76.003(a	
Signatu e of Local C	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	2. th
Sworn to and subscribed before me, by the said Aly Aldana , this the day	
of September 20 / , to certify which, witness my hand and seal of office.	
(Kmsd. 1 Md) Val I M.	Molar
/ Warunda Xulla NOSAIIndula. 1/12	IVUTARY
Signature of officer administering oath Printed name of officer administering oath Ti	itle of officer administering oath